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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input checked="" type="checkbox"/> Declaration Submitted OR <input type="checkbox"/> Declaration Submitted after Initial Filing With Initial Filing Filing (surcharge (37 CFR 1.16 (e)) required)	Attorney Docket Number	C 2766 PCT/US
	First Named Inventor	Florence HENRY
	COMPLETE IF KNOWN	
	Application Number	
	Filing Date	
	Art Unit	
	Examiner Name	

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe I the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

USE OF AN EXTRACT FROM THE PLANT ARGANIA SPINOSA

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) 12/09/2003 as United States Application Number or PCT International

Application Number PCT/EP2003/013921 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				Yes	No
02293130.7	Europe	12/18/2002	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority sheet PTO/SB/02B attached hereto.

(Page 1 of 3)

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2

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DECLARATION — Utility or Design Patent ApplicationDirect all correspondence to: ☒ Customer Number 23657 OR ☐ Correspondence address below

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:☐ A petition has been filed for this unsigned inventorGiven Name (first and middle [if any]) FlorenceFamily Name or Surname HENRYInventor's Signature *F. Henry*Date 30.05.05Residence: City Villers-les-NancyState FRCountry FranceCitizenship FrenchMailing Address 1, allée Jean Antoine BaifCity 54600 Villers-les-Nancy

State

Zip

Country France**NAME OF SECOND INVENTOR:**☐ A petition has been filed for this unsigned inventorGiven Name (first and middle [if any]) LouisFamily Name or Surname DANOUXInventor's Signature *L. Danoux*Date 30.05.05Residence: City Saulxures les NancyState FRCountry FranceCitizenship FrenchMailing Address 12, rue de BretagneCity 54420 Saulxures les Nancy

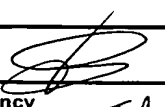

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Country France☐ Additional inventors or a legal representative are being named on the ____ supplemental sheet(s) PTO/SB/02A or 02LR attached hereto

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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Gilles		PAULY	
Inventor's Signature 		Date 31/05/05	
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Mailing Address			
City 54000 Nancy	State	Zip	Country France
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Zoubida		CHARROUF	
Inventor's Signature 		Date 1.06.05	
Residence: City Rabat R.P.	State	Country Morocco	Citizenship Moroccan
Mailing Address Avenue Ibn Batouta			
Mailing Address			
City B.P. 1014, Rabat R.P.	State	Zip	Country Morocco
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country

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